

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEBLIONE
` / '		(Middle)		TELEPHONE
Yamasaki	Wayne	J		
MAILING ADDRESS (Street)	, u	(City)	(State)	(Zip Code)
888 Mililan	11 57 601	Hon.	41	96813
EMPLOYING ORGANIZATION (Fill i		<del>-</del>	. • •	
Hawaii Government Employees Association 536-2351  MAILING ADDRESS (Street) (City) (State) (Zip Code)				
Hawaii Gove	enment Empl	oyees Ass.	ocia HON	5 36-2351
		/ (City)	(State)	(Zip Code)
888 Militari	St. #601	Hon.	141	96813
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO	DBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Gove.  MAILING ADDRESS (Street)	annext Employ	ces Associ	ation	C36-2357
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
888 Mililan	15+ #601	Hos.	HI	96813
NAME OF PERSON RESPONSIBLE			* *	TELEPHONE
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a of Juliani	JF 601	Hon	H1	96813
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
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Agriculture	<b>Education</b>	Human Services	F §	cience, Technology & conomic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental F	`	ourism & Recreation
Consumer Protection & Commerce	Mawaiian Affairs	Labor & Employme	nt 🛅 Ti	ransportaion
Culture, Arts, Historic	Health	Planning, Land & W	ater O	ther: (indicate below)
Preservation		Use Management		(
Ecology, Energy, Environmental Protection	T Housing	Public Safety & Cor	rections	
PART IV CERTIFICATION	LOE LORDWICT			
PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information tornished above is, to the best of my knowledge, correct and complete.				
	ormation authorized above 15,	to the best of my know	vieage, correct	тапа сотріете.
flupe followski				
	ignature of Lobbyist)		(Date	)
PART V AUTHORIZATIO				
PART V AUTHORIZATION	N 10 FORBA	TITLE OF AUTHORITANO	05=:05= 05===	
TITLE OF AUTOUR ING OFFICER OR FERSON REPRESE				RSON REPRESENTED
Kussell K. Okata Executive Director				
NAME OF ORGANIZATION (if applic	cable)			TELEPHONE
Huwaii Gover.	rment Employ	ees Associa	robuN	136-2351
MAILING ADDRESS (Street)	1 3 4	(City)	(State)	(Zip Code)
Russell K. Okata Executive Dinector  NAME OF ORGANIZATION (if applicable)  Itawaii Government Employees Association (State)  MAILING ADDRESS (Street)  (City)  (State)  (State)  TELEPHONE  (City)  (State)  (Zip Code)  Thereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
I nereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
1/8/03				
(Signature of Author	orizing Officer or Person Represente	ed)	/ <sup>0</sup> / <sup>0</sup> (Date	